

MIDWIFERY AND GYNÆCOLOGY.

Corrosive Sublimate in Obstetrics.

Two cases of mortal poisoning by uterine injections of Von Swieten's fluid are actually known to have occurred. They are reported by Drs. STADTFELDT and STENGER. They are perhaps debatable, but should lead the accoucheur to use corrosive sublimate only with certain precautions, and with a knowledge of the reason therefor. This reserve made, corrosive sublimate nevertheless remains the best antiseptic in obstetrics. The statistics furnished by the different maternities of Paris, and particularly by those in the service of Prof. Tarnier, where the agent has been employed for the first time, are sufficient evidence on this point. Hofmeier reports the cases above referred to in the *American Journal of Obstetrics* for September, 1884. The first case was that of a primipara, æt. 25, who had been long in labor, and showed some symptoms of fever during the delivery. The soft parts were very unyielding, requiring some slight incisions, and the patient was delivered with forceps. There being some atony, hot injections of corrosive sublimate, 1 : 1000, were given. During the first days of the puerperium the patient presented some very peculiar symptoms: general depression, then a comatose state, together with a certain hyperæsthesia of the whole body, subnormal temperature, and offensive diarrhœa. About the fourth or fifth day these symptoms abated. The patient had some puerperal abscesses, for which she continued under treatment for some time at her house. Albumen was present in her urine a considerable time from the first day on.

The second case was that of an eclamptic primipara, æt. 25; the eclampsia on the whole ran a benign course; the patient was delivered by the forceps without material difficulty. After delivery there was some degree of uterine atony, for which a hot irrigation with about six pints of a 1 : 1000 corrosive sublimate solution was given. The hemorrhage ceased, and the patient soon recovered consciousness. On the days succeeding delivery there appeared great hyperæsthesia, subnormal temperature, and profuse fetid diarrhœa. The patient became somewhat somnolent, and death ensued on the fourth day. The autopsy again showed the most extraordinary alterations in the intestinal mucosa, which was enormously swollen and partly gangrenous as far as the transition into the ileum, but especially so in the rectum. The kidneys showed marked deposits, although calcareous deposits, as in Stadtfeldt's case, could not be found. From these cases Hofmeier concludes that the condition of the kidneys has much to do with the poisonous effect of the sublimate. The conclusions seem entirely justifiable when it is remembered that these organs play a very important part in the excretion of many toxic drugs. For example: opium and its derivatives are contraindicated, or should be administered with great caution, in cases of nephritis. In 1873 Bouchard published two cases of mercurial poisoning terminating in death in two patients: one a case of interstitial, the other of parenchymatous nephritis. Only small doses of the drug were taken. It therefore seems established that slight renal disease entails great caution in the use of corrosive sublimate, and that in extended degeneration of the organs its use is altogether contraindicated.—*L'Union Médicale*, Jan. 6, 1885.

A Successful Case of Laparo-Elytrotomy.

In the *Annals of Surgery* for Jan. 1885, Dr. ALEX. J. C. SKENE reports a case of laparo-elytrotomy which is the ninth on record, and the fourth on which Dr. Skene has operated; three of his four operations having been successful. The patient was twenty-one years of age, and when a child was the subject of

rickets. She was a patient of Dr. L. S. Pilcher, who, upon examination, found the antero-posterior diameter of the superior strait to be as he supposed less than two inches.

Dr. Skene having been called in consultation, an operation was decided upon, and laparo-elytrotomy was selected as being preferable to craniotomy. The usual incision was made in the left groin, in which the internal epigastric artery was divided, but, being secured by a Péan forceps, caused no further trouble. In incising the wall of the vagina a minute opening was made into the bladder. There was some difficulty in effecting complete dilatation of the uterus, but this at length being accomplished, a living male child, fully developed and weighing seven pounds, was delivered by version through the wound in the groin. The placenta was likewise delivered.

The wound in the groin was closed by carbolyzed silver sutures, and a soft rubber draining tube carried from the inner angle of the incision downward through the incision and out of the vaginal entrance. No attention was paid to the tear in the bladder, but a self-retaining catheter was inserted into the bladder. The case progressed favorably; the temperature rising above 100° F. but once (on the second day) on account of imperfect drainage. On the fourth day there was the ordinary mild fever, during which the temperature rose to 100.25° for one day. On the twenty-first day after the operation the catheter was removed, and the patient allowed to sit up. Vesical irritability at this time necessitated micturition every two hours. In two weeks the urine could be retained about three hours.

Concerning the operation Dr. Skene remarks, that before beginning it sufficient dilatation of the cervix is important; that there is no great danger from hemorrhage; and that in the four cases operated on by him it has not been necessary to ligate a single vessel; and that the loss of blood has not been greater than that in normal labor. He further observes that great care is necessary to avoid injuring the bladder, though this accident when it occurs is trifling, as is proven in this case by the wounds having healed without the introduction of sutures.

Prophylaxis of Post-partum Hemorrhage.

Dr. GLYNN WHITTLE, after discussing the treatment of post-partum hemorrhages, makes the following suggestions as to the prophylaxis of this so serious accident of child-bed:—

In these cases of apprehended hemorrhage, while it is important to follow down the uterus with the hand, we should nevertheless be in no hurry to get the placenta expelled, but wait a quarter of an hour or twenty minutes to give the uterus time to recover from the strong efforts required to expel the child. But should flooding commence, it will of course be necessary to remove the placenta. Well-directed and careful manipulation of the uterus from the moment of the child's birth contributes much to the prevention of hemorrhage, and is a precaution of not less importance than the administration of ergot before the expulsion of the fœtus.

As a deficiency in the coagulating power of the blood is a predisposing cause of post-partum hemorrhage, astringent medicines should be administered for some time previous to the delivery of anæmic women. Gallic acid and sulphate of zinc have been recommended for this purpose, but I believe that the remedy on which most reliance may be placed is the tincture of perchloride of iron.

Notwithstanding what differences of opinion in matters of detail may exist, the conclusions of writers on this subject agree on all the main points, which may be thus summed up:—